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CONFIRMATION NO. 5056

<b>SERIAL NUMBER</b> 10/813,819	<b>FILING OR 371(c) DATE</b> 03/31/2004 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3733	<b>ATTORNEY DOCKET NO.</b> 1842-0010
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/459,036 03/31/2003 *oh new*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*none new*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*** **\*\* SMALL ENTITY \*\***  
 06/10/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>John W. Smith</i> <i>nwa</i> Examiner's Signature Initials	<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 15	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 2
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**ADDRESS**  
28078

**TITLE**  
Tissue distraction device

<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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